

**FOR BOARD OF HEALTH USE ONLY**

Date Received

Date Inspected

Approved By

Permit # Issued

## Food Establishment Permit Application

*(Application must be submitted at least 30 days before the planned opening date)*

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No:	EMAIL:												
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No:	24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):													
9) Owner Address (if different from applicant):													
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address									
Name	Title	Home Address											
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:													
Address:													
Telephone No:	Fax:												
Emergency Telephone No:													
13) District Or Regional Supervisor (if applicable)													
Name & Title:													
Address:													
Telephone No:	Fax:												